	information to ider	ntify your case:	Document	Page 1	013				
Debtor 1	Derrick	Н.	Garner						
Debtor 2	First Name	Middle Name	Last Name		-				
(Spouse, if filing	g) First Name	Middle Name	-						
United States	Bankruptcy Court for t								
Case number	701	// Castern Disti	rict of Pennsylvania	-					
(If known)	20-1	7681						☐ C	heck if this is
Official I	Form 106E/	F			_			an	nended filing
Sched	ule E/F: C	reditors	Who Have	Unson	ured 6				
Be as comple	te and accurate as	Possible II	Part 1 for creditors wi or unexpired leases to hedule G: Executory (Unsec	ured (Jaim	S		12/15
No. Go Yes. List all of y each claim is	ditors have priority to Part 2.	y unsecured cla ured claims. If a ype of claim it is.	creditor has more than	one priority u	nsecured clair	m, list the (reditor separ	ately for each	h claim. For
ansecured C	laims, fill out the Cou	ntinuation Done	If a claim has both price claims in alphabetica of Part 1. If more than on instructions for this for	order accordi	na to the crea	litor's name ar claim, lis .)	e. If you have to the other created the other created	more than to editors in Pa	priority and wo priority rt 3. Nonpriori
Pennsylv Priority Credito	vania Departmer	nt of Revenue	Last 4 digits of acc	Countt	6 1 0			amount	amount
Bankrupt	tcy Division	nt of Revenue	and the same of acc			<u>4</u> \$_	457.90		amount
Bankrupt	tcy Division	nt of Revenue	Last 4 digits of acc		6 1 3 03/16/2016	<u>4</u> \$_	457.90		amount
Bankrupt Number P.O. Box Harrsibur	tcy Division Street 280946		When was the deb	t incurred?	03/16/2016	<u>4</u> \$_	<u>457.90</u>		amount
Bankrupt P.O. Box Harrsibur	tcy Division Street 280946 g PA	A 17128 ZIP Code	When was the deb	t incurred?	03/16/2016	<u>4</u> \$_	457.90		amount
Number P.O. Box Harrsibur City Who incurre	Street 280946 Ty PA State	A 17128 ZIP Code	When was the deb As of the date you Contingent Unliquidated	t incurred?	03/16/2016	<u>4</u> \$_	457.90		amount
Bankrupt Number P.O. Box Harrsibur City Who incurred Debtor 1 of	Street 280946 TO PA	A 17128 ZIP Code	When was the deb	t incurred?	03/16/2016	<u>4</u> \$_	457.90		amount
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Page 2013 3 Case number (1/ known) 20-14681 Debtor 1 Derrick Degement Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Philadelphia Electric Company Last 4 digits of account number 1 4 0 7 Priority Creditor's Name P.O. BOX 37629 \$ 1,983.00 When was the debt incurred? Number 02/10/2016 PHILADELPHIA PA 19101 As of the date you file, the claim is: Check all that apply. ☐ Contingent City Unliquidated **Disputed** Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another ☐ Taxes and certain other debts you owe the government Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other. Specify utility Is the claim subject to offset? ☐ No ☐ Yes Philadelphia Gas works Last 4 digits of account number 1 4 0 7 Priority Creditor's Name \$ 2,739.00 Post Office Box 11700 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Newark NJ 17101 Contingent ZIP Code Unliquidated **Disputed** Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other. Specify UTILITY is the claim subject to offset? M No ☐ Yes Priority Creditor's Name Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

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Sase number (if kn

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total cla	aim
Total claims from Part 1	15	6a. Domestic support obligations	6a		0.00
		6b. Taxes and certain other debts you owe the government		\$	0.00
	(oc. Claims for death or personal interest to	6b.	. \$	1,310.35
			6c.	e	
	6	d. Other. Add all other priority unsecured claims. Write that amount here.	0.1	<u> </u>	
			6d.	+\$	4,722.00
	6	e. Total. Add lines 6a through 6d.	6e.		
				\$	6,032.35
				Total clair	m
from Part 2		Student loans	6f.		
	69	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$	
	6h	Debts to pension or profit-sharing plans, and other similar debts	6g.	\$	
	e:		6h.	\$	
	OI.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	0.00
	6j. '	Total. Add lines 6f through 6i.	e: [
			6j. <u> </u>	\$	0.00